



REQUEST TO MODIFY FOOD ESTABLISHMENT / FOOD OPERATION PLAN

OFFICE OF THE CITY CLERK, LICENSE DIVISION

CITY HALL, 200 E. WELLS ST, ROOM 105, MILWAUKEE, WI 53202 •

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Requested By

Legal Entity Name

Premises Address

Request Type: Check All That Apply

- ☐ Operational or food processing equipment changes without remodeling:
- ☐ Significant food equipment change **
- ☐ Addition of a new piece of equipment to cook, hold hot/cold food
- ☐ Installation of new warewashing equipment
- **Replacement of an old piece of equipment with a new piece of equipment with similar function is not a significant equipment change.
- ☐ Significant menu change
- ☐ Change in the type of processing performed
- ☐ Change in the types of food prepared
- ☐ Addition of processing when previously no processing was performed
- ☐ Addition of specialized processes requiring approval
- ☐ Variance or HACCP Plan not required \$75 fee
- ☐ Variance or HACCP Plan required \$150 fee
- ☐ Remodeling or renovation with or without operational changes: \$250 fee (waived if applied at same time as operational changes)
- ☐ Addition of outdoor food preparation or food service activities
- ☐ The creation of a shared kitchen (approval for more than one operator to use the kitchen)

☐ Other - Describe:

Change Details

Briefly describe the changes proposed. For significant changes to the food operation, attach an updated copy of the Food Dealer Plan of Operation.

Do any of these changes require a variance? ☐ No ☐ Yes

If yes, complete the Application for a Variance or Health Department Approval for Specialized Processes, Practices or Conditions (ccl-foodvar)

Has the Health Department ordered a risk control or compliance plan? ☐ No ☐ Yes \$150 fee (waived if voluntarily submitted)

Affirmation of Understanding

I understand the required fees must be paid prior to my request being forwarded on to the Health Department for review.

I understand one or more Health Department inspections may be required to approve the proposed changes. I understand the local council member must approve my request. I understand Health Department approval is required before I can proceed with the proposed changes.

Signature of Sole Proprietor, Partner, 20% or more Shareholder or Agent

OFFICE USE ONLY

Initials	Date	Transfer Application #	Fee Paid
HD Approval	ALD Approval	License #	